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| | |
|------------------------|-------------------|
| Application Number | 10/023,798 |
| Filing Date | 12/17/2001 |
| First Named Inventor | Michael P. Modder |
| Group Art Unit | 3624 |
| Examiner Name | G. Akers |
| Attorney Docket Number | 2815CON |

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

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| <input checked="" type="checkbox"/> Firm or Individual Name | Michael P. Modder, LLC | | | | |
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|-------------------------|
| Name | Martin P. Modder |
| Signature | <i>Martin P. Modder</i> |
| Date | 1-29-03 |

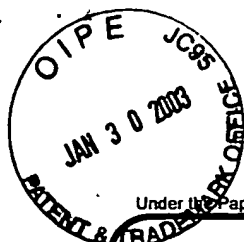
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

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01-31-03

3624

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PTO/SB/21 (08-00)

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| <h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p> | Application Number | 10/023,298 |
| | Filing Date | 12/17/2001 |
| | First Named Inventor | Martin P. Madden |
| | Group Art Unit | 3624 |
| | Examiner Name | G. Akers |
| Total Number of Pages in This Submission | Attorney Docket Number | 2815CON |

| ENCLOSURES (check all that apply) | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|-----------------------|
| Firm or Individual name | Michael P. Mazza, LLC |
| Signature | <i>MP Mazza</i> |
| Date | 1/30/2003 |

| CERTIFICATE OF MAILING | |
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| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 1/30/2003 | |
| Typed or printed name | Michael P. Mazza |
| Signature | <i>MP Mazza</i> |
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